



Managed Health Care



It's YOUR CHOICE!

Member Services:
Toll Free: 1-800-338-8366
Local: 515-256-4606

Website: www.ime.state.ia.us Email: IMEMemberServices@dhs.state.ia.us

Para solicitar este folleto en español, por favor póngase en contacto con Servicios para Miembros

Welcome to Iowa Medicaid

Inside this booklet, you will find information about the Iowa Medicaid Managed Health Care (MHC) Program. **You still have full Medicaid coverage!** Managed Health Care only changes how you get your medical care. Please take a few minutes to review the information in this booklet and if you have any questions, contact the Member Services Call Center.



Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Fax: 515-725-1351

Email: IMEMemberServices@dhs.state.ia.us



Welcome to Iowa Medicaid	1
Federally Qualified Health Centers	2
Iowa Medicaid Card.....	3
Interpreter Services	3
Smoking Cessation	3
Routine Transportation Services	4
Managed Health Care (MHC).....	4
Signing Up for Managed Health Care.....	5
Can I Change Providers Later?	5
Member Requested Disenrollment for “Good Cause”	6
What Happens If I Move?	6
Services Covered by MediPASS and How to Access Care.....	7
Services Covered by HMO and How to Access Care.....	8
Important MHC Notes.....	8
Emergency (ER) and Urgent Care	9
Iowa Plan for Behavioral Health	10
Copayments	10

Enrollee Rights and Responsibilities	11
Appeals and Grievances	12
Questions	14
Important Contact Information.....	14

***For questions about Iowa Medicaid benefits and services,
please ask for a copy of the “Your Guide to Medicaid” booklet.***

Special Notice Relating to Federally Qualified Health Centers

Some Medicaid providers are **F**ederally **Q**ualified **H**ealth **C**enter (FQHC). These providers are clinics that offer a wide variety of services at a single location. Some additional services could include the following: better understanding of ethnic culture and customs relating to health care, foreign language translation, transportation to clinic/home, health and wellness education and training, dental, or pharmacy services. If you want to have access to an FQHC, make sure to choose a managed care option that has an FQHC listed as one of their providers available to you. Some of the FQHCs available include the following:

Community Health Care
Davenport, Iowa
563-336-3000

**Siouxland Community
Health Center**
Sioux City, Iowa
712-252-2477

Primary Health Care Inc.
3905 E. 29th
Des Moines, Iowa
515-248-1600

**Community Health Centers
of Southeastern Iowa**
Warsaw, Illinois
217-256-3013

Broadlawns Medical Center
Des Moines, Iowa
515-362-4028

**Community Health Centers
of Southeastern Iowa**
Keokuk, Iowa
319-524-5734

**Peoples Community
Health Clinic**
Waterloo, Iowa
319-272-4300

Primary Health Care Inc.
2353 SE 14th
Des Moines, Iowa
515-248-1400

**Community Health Centers
of Southeastern Iowa**
Hamilton, Illinois
217-847-2112

Primary Health Services
Marshalltown, Iowa
641-753-4021

**Community Mental Health
of Mid-Eastern Iowa Center**
Wapello, Iowa
319-523-8188

**Council Bluffs Community
Health Center**
Council Bluffs, Iowa
712-325-1990

**River Hills Community
Health**
Ottumwa, Iowa
641-685-5773

**Community Health Centers
of Southeastern Iowa**
Burlington, Iowa
319-768-5858

**Crescent Community
Health Center**
Dubuque, Iowa
563-690-2850

Note: Some FQHCs have multiple locations. Call the number listed for the FQHC above for more information.

Iowa Medicaid Card

All members receive a new *Medical Assistance Eligibility Card*, form 470-1911.

- ◆ **Keep** your card until you get a new one.
- ◆ **Always** carry your card with you and don't let anyone else use it.
- ◆ **Show** your card to the provider every time you get care.
- ◆ If you **lose** your card, **call** Member Services to ask for a new one.
- ◆ If you go off of Iowa Medicaid and come back on, a new card will not be issued.
Please contact Member Services to request a new card.



Interpreter Services

Iowa Medicaid can arrange for an interpreter to help you speak with us in almost any language. Please call Member Services for help at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606.

Smoking Cessation

Medicaid members can get help with quitting the use of tobacco products and smoking. The program is free of charge to all Medicaid members who are age 18 and over. The program provides telephonic support through Quitline Iowa and pharmacy services for payment for nicotine replacement therapy such as patches and gum. In addition, some other drugs may be covered such as Chantix, when properly prescribed by your medical provider.

Members can get help for smoking cessation:

- ◆ Call the toll free tobacco cessation helpline at: 1-800-784-8669 (8:00 am to midnight)
- ◆ TDD Line for the hearing impaired at: 1-866-822-2857.
- ◆ Your medical provider can assist with a prior authorization for medications for nicotine dependence.

Routine Transportation Services

For Emergencies only, please call 911 for an ambulance.

Non-Emergency Medical Transportation (NEMT)

NEMT provides members with transportation or reimbursement (money paid back) for travel to medical, dental, pharmacy, and mental health appointments or services.

TMS is the agency that provides help with transportation.

Medicaid members of all ages who need a ride or want reimbursement for medical travel expenses through NEMT must:

- ◆ Call **1-866-572-7662** at least three (3) business days *before* the medical trip or appointment.
- ◆ Give your full name, state ID number, address, phone number, and trip dates.
- ◆ Give the name, address, phone and fax number of the medical provider.



Other Transportation Services

In addition to NEMT above, local transportation may also be available for children under the age of 21 and pregnant women for travel to medical or dental care at local programs.

- ◆ Ask your local Care for Kids or maternal health care coordinators to arrange transportation for you.
- ◆ For contact information, call the Healthy Families Line at **1-800-369-2229**.

Managed Health Care (MHC)

Managed Health Care (MHC) is a program designed to help you stay healthy. MHC helps you to build a strong relationship with your provider. Your provider will get to know you, your medical history, and help you to stay healthy by knowing what care is best for you.

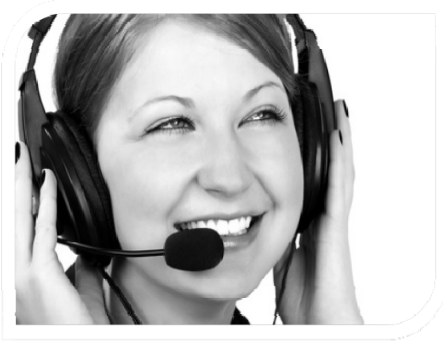
Enrollment in MHC does not reduce your benefits. MHC only changes how you get your health care. You will enroll with a provider under the **MediPASS (Medicaid Patient Access to Service System)** program. MediPASS allows you to choose your primary health care provider who will provide you treatment or who may refer you to any provider enrolled with Iowa Medicaid for specialty care.

Another option, in some counties, is a **Health Maintenance Organization (HMO)**. If an HMO option is available in your county, you may choose this option and receive most of your medical care from the HMO providers. You may contact the HMO directly for more information.

With MHC you can choose your own (PCP)! You can have one PCP for your whole family, or you can choose different PCPs for each family member.

Call Member Services or your HMO for a list of approved PCPs!

Signing Up for Managed Health Care



Contact the Iowa Medicaid Member Services call center. If you are choosing the MediPASS option, please select a primary care physician (PCP) from the list included with your Managed Health Care (MHC) enrollment packet. You may enroll in the following ways:

- ◆ Complete the yellow enrollment form included with your MHC enrollment packet and return it by mail at no cost to you.
- ◆ Call the Member Services call center, Monday through Friday from 8:00 am – 5:00 pm
Toll free: 1-800-338-8366 or in the Des Moines area at 515-256-4606.
- ◆ Email Member Services at IMEMemberServices@dhs.state.ia.us
- ◆ Fax your enrollment form to 515-725-1351.

Important notes:

- ◆ If you are pregnant, you must notify the Department of Human Services (DHS) once the baby has been born. You may reach DHS by calling 1-877-347-5678.
- ◆ When the baby has been enrolled with Iowa Medicaid you will get a MHC packet in the mail. At that time you may choose MediPASS or HMO for your newborn baby.
- ◆ If you are pregnant and enrolled with an HMO, your baby will also be enrolled in the same HMO at the time of birth.

Can I Change Providers Later?

MHC wants you to have a provider that you are comfortable with and can help you meet your medical needs. The program requires that you have an MHC provider. From the time you receive your enrollment notification letter, you will have ninety days to choose an MHC provider. After the ninety-day period, you must remain with that MHC provider for six months.

Changes cannot be made during the six-month period with the exception of the following:

- ◆ A request for disenrollment by the member for **good cause**.
- ◆ A request for disenrollment by the provider for **good cause**.
- ◆ Availability of a new, previously unavailable MHC provider. (In this instance, members will be allowed to select that provider for the remainder of the current enrollment period.)

You will receive a notice in the mail approximately sixty days before the end of your six-month enrollment period notifying you that can change your doctor if you choose.

Member Requested Disenrollment for “Good Cause”

Some examples of good cause for disenrollment include:

- 1) Unable to access care
 - ◆ Enrolled with a provider in a county where the member no longer resides
 - ◆ Provider doesn’t serve member’s age or gender
- 2) Inappropriate provider or office staff behavior, either verbal or physical, toward the member
- 3) Insufficient quality of care given by the primary care provider
 - ◆ Inadequate treatment given for medical diagnosis
 - ◆ Inadequate use of referrals/specialty care providers
 - Refusal to give referrals for second opinions
 - Refusal to give referrals to Maternal Health Centers for a pregnant member who is requesting the referral
 - ◆ Deviations from the Standards of Treatment guidelines
- 4) Medical services provided in an untimely manner
 - ◆ Urgent care not provided or referred by the primary provider within 24 hours
 - ◆ Routine care not provided by or referred by the primary provider within 2-4 weeks

What Happens If I Move?

If you move, please contact the Department of Human Services call center at 1-877-347-5678. If you move to another county, you may get a new Enrollment Packet in the mail instructing you to choose a Managed Health Care provider in your new area. Please contact Member Services to choose a new provider.

If you move in the middle of a month, contact the provider you are currently enrolled with to ask for a referral to a provider in your new area.



Services Covered by MediPASS and How to Access Care

Members who chose the MediPASS option will select a **primary care provider (PCP)**. You will have full Iowa Medicaid benefits. Some services may need a referral from your PCP. You must see your PCP or have a referral for the services listed below:

- ◆ Inpatient hospital services
- ◆ Outpatient hospital services
- ◆ Podiatry services
- ◆ Home health services
- ◆ Clinic services (rural health centers, federally qualified health centers, maternal health clinics, ambulatory surgical centers, genetic consultation, and birthing centers)
- ◆ Lab and x-ray services
- ◆ Medical supplies
- ◆ Physician services (except ophthalmologists)
- ◆ Other practitioners such as physical therapists, audiologists, rehabilitation agencies, and nurse anesthetists (except for mental health providers)



You may receive the following services **without** contacting your provider:

- ◆ Home- and Community-Based Services (HCBS waiver)
- ◆ Area Education Agency services
- ◆ Skilled care
- ◆ Intermediate Care Facility (ICF)
- ◆ ICF for the Intellectually Disabled (ICF/ID)
- ◆ Dental services
- ◆ Prescription drugs
- ◆ Chiropractic services
- ◆ Ambulance services
- ◆ Family planning services
- ◆ Early Periodic Screening, Diagnosis and Treatment (EPSDT) for individuals under age 21
- ◆ Optometric services
- ◆ Ophthalmology services
- ◆ Rehabilitative services/CACT
- ◆ Lead investigation



Services Covered by HMO and How to Access Care

Members who chose the HMO option will contact the call center associated with the HMO for more detailed information. Services provided by the HMO are:

- ◆ Inpatient hospital services
- ◆ Outpatient hospital services
- ◆ Home health services
- ◆ Clinic services
- ◆ Family planning services
- ◆ Early Periodic Screening, Diagnosis and Treatment (EPSDT) for individuals under the age of 21
- ◆ Prenatal care enhanced services
- ◆ Laboratory and x-ray services
- ◆ Ambulance services
- ◆ Optometric services
- ◆ Podiatry services
- ◆ Hospice services
- ◆ Chiropractic services
- ◆ Other practitioner services (e.g., speech therapy, audiology, physical therapy, and occupational therapy)

If you enroll with an HMO option, you will be given a 24 hour phone number. You may contact the HMO to find out what providers you can see for your medical care described above. For non-emergency care, you should always contact the 24-hour phone number for the HMO.

Important MHC Notes

- ◆ For **mental health or substance abuse services**, you should call **1-800-317-3738** whether or not you are enrolled in MediPASS or the HMO program.
- ◆ Your HMO listed is responsible for helping you with your health care. If you feel you are not getting the care that you need, call the Member Services Call Center.
- ◆ If you do **not** show your medical card to the provider or hospital and do **not** have a referral from the MHC provider for non-emergency care, you may have to pay the bill yourself.
- ◆ Iowa Medicaid only pays for services given by providers who are **enrolled** with the Iowa Medicaid program. For members who have chosen the HMO, you must see providers who are contracted with your HMO. For MediPASS, payment will not be made to any provider who is not enrolled with Iowa Medicaid even if your PCP has given you a referral.

Emergency (ER) and Urgent Care

Emergent Care

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately.

If you have a serious or disabling emergency, you do not need to call your MediPASS patient manager or your HMO. Go directly to the nearest hospital emergency room or call an ambulance. The following are examples of emergencies:



- ◆ ***A serious accident***
- ◆ ***Poisoning***
- ◆ ***Heart attack***
- ◆ ***Stroke***
- ◆ ***Severe bleeding***
- ◆ ***Severe burns***
- ◆ ***Severe shortness of breath***

You must contact your MHC provider for all follow-up care. Do not return to the emergency room for the follow-up care. Your provider will either provide or authorize this care.

Urgent Care

Urgent care is when you are not in a life-threatening or a permanent disability situation and have time to call your managed health care provider.

If you have an urgent care situation, you should call your MHC provider or HMO to get instructions. The following are some examples of urgent care:



- ◆ ***Fever***
- ◆ ***Stomach pain***
- ◆ ***Earaches***
- ◆ ***Upper respiratory infection***
- ◆ ***Sore throat***
- ◆ ***Minor cuts and lacerations***

Iowa Plan for Behavioral Health

Most Medicaid members under age 65 are enrolled in the Iowa Plan for Behavioral Health (Iowa Plan); a statewide managed care program for mental health services and substance abuse treatment. While you may never need mental health or substance abuse care, it is your right to know how to access these Medicaid benefits if you are enrolled with the Iowa Plan.

Information about the Iowa Plan for Behavioral Health is available to members by calling the Iowa Plan's toll-free number: 1-800-317-3738. If a member is enrolled with the Iowa Plan, they will receive a packet of information about the plan shortly after they become eligible for Medicaid. Most providers are enrolled with the Iowa Plan. If one is not, they may sign up by also calling the toll free number.

Copayments

Some medical services may have a copayment, which is your share of the cost. If there is a copayment, you will pay it to the provider. Please see the following charts for more information about copayments:

Co-Payments for Prescriptions:

Co-Pay Amount	Service
\$1.00	Prescriptions for generic drugs and preferred brand-name drugs Also for non-preferred drugs that cost the state less than \$25.00
\$2.00	Non-preferred drugs costing the state \$25.01 to \$50.00
\$3.00	Non-preferred drugs costing the state \$50.01 or more

Co-Payments for Healthcare Visits:

Co-Pay Amount	Service
\$1.00 per visit	Services from a podiatrist, chiropractor, and for physical therapy Also members on QMB have \$1.00 co-pay for all covered medical visits
\$2.00 per visit	Ambulance services, audiology services, hearing aid dealer services, medical equipment, optical services (frames and lenses), orthopedic shoes, prosthetic devices, psychology services, and rehabilitation services
\$3.00 per visit	Dental services, hearing aides, physician office visits and lab services, vision exams

Important notes:

- ♦ You will be charged a \$3.00 copayment for visits to the emergency room that are not considered an emergency.
- ♦ Children under the age of 21 and pregnant women **will not be** charged a copayment for any services.

Enrollee Rights and Responsibilities

Enrollee Rights

- ◆ To receive timely, appropriate, and accessible medical care
- ◆ To obtain a second opinion regarding a medical diagnosis with a referral from your MHC provider
- ◆ To choose the provider of your choice from the available Managed Health Care providers
- ◆ To change your MHC provider as allowed by program policy
- ◆ To appeal
- ◆ To be treated with respect and dignity
- ◆ To be treated without discrimination with regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status
- ◆ To participate in decisions regarding your health care, including the right to refuse treatment



Enrollee Responsibilities

- ◆ To be knowledgeable about your medical coverage
- ◆ To obtain routine and ongoing care from your patient manager in an office setting
- ◆ To obtain referrals before receiving specialty and non-emergent care from providers other than your MHC provider
- ◆ To contact your MHC provider before emergency room visits with the exception of situations requiring emergency care. (Refer to page 4 for the definition of emergency situations.)
- ◆ To carry your current medical assistance card at all times and present it when accessing medical care
- ◆ To notify your caseworker if you move or have incorrect information printed on your medical card
- ◆ To be responsible for any medical bills if you do not present your medical card at the time of your visit or if you do not have appropriate referrals/authorization from your MHC provider
- ◆ To be responsible for any medical bills for services provided by a practitioner who is not participating in the Iowa Medicaid program OR for HMO enrollees, seeing a provider not contracted with the HMO without the express permission of the HMO

Appeals and Grievances

Appeals: An Appeal is a formal process involving the Department of Human Services and the Department of Inspections and Appeals regarding unpaid medical bills.

Grievances: A Grievance is a complaint involving access to care, quality of care, or communication issues with your primary care physician.

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7]

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing one of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You have 90 calendar days to file an appeal from the date of a decision. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us

Right to Submit a Grievance

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in an HMO, please contact the HMO and work through their grievance process. If you feel that the HMO is not acting on your complaint, you may contact the Member Services Call Center at 800-338-8366 toll free or 515-256-4606 in the Des Moines area.

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in MediPASS, please contact the Member Services Call Center at 800-338-8366 toll free or 515-256-4606 in the Des Moines area.

Questions

If you have questions about Iowa Medicaid or MediPASS, you may contact the Member Services call center. If you have questions about the HMO, you may contact the HMO 24-hour phone number.

Important Contact Information

Member Services Call Center

Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Email: IMEMemberServices@dhs.state.ia.us

Hours of operation: Monday through Friday 8:00 am to 5:00 pm

Mental Health and Substance Abuse

Toll Free: 1-800-317-3738 (24 hours per day)

Health Maintenance Organization (HMO)

Please contact Member Services for the HMO toll free phone number.

Use this page to keep track of important phone numbers for all your health care needs. Keep this near your phone for use in contacting the right people to help you with your health care.

MediPASS Primary
Care Provider:

Hospital:

Member Services
Call Center:

800-338-8366 toll free; 515-256-4606 Des Moines area

Emergency:

911

Website: www.ime.state.ia.us

Email: IMEMemberServices@dhs.state.us